



## General

### Guideline Title

Somatic cough syndrome (previously referred to as psychogenic cough) and tic cough (previously referred to as habit cough) in adults and children: CHEST guideline and Expert Panel report.

### Bibliographic Source(s)

Vertigan AE, Murad MH, Pringsheim T, Feinstein A, Chang AB, Newcombe PA, Rubin BK, McGarvey LP, Weir K, Altman KW, Weinberger M, Irwin RS, CHEST Expert Cough Panel. Somatic cough syndrome (previously referred to as psychogenic cough) and tic cough (previously referred to as habit cough) in adults and children: CHEST guideline and Expert Panel report. *Chest*. 2015 Jul;148(1):24-31. [28 references] [PubMed](#)

### Guideline Status

This is the current release of the guideline.

This guideline updates a previous version: Irwin RS, Glomb WB, Chang AB. Habit cough, tic cough, and psychogenic cough in adult and pediatric populations: ACCP evidence-based clinical practice guidelines. *Chest*. 2006 Jan;129(1 Suppl):174S-9S. [32 references]

This guideline meets NGC's 2013 (revised) inclusion criteria.

## Recommendations

### Major Recommendations

The grades of recommendation (1A–2C, consensus-based [CB]) and the approach to rating the quality of evidence are defined at the end of the "Major Recommendations" field.

1. In adults or children with chronic cough, the Expert Panel suggests that the presence or absence of night time cough or cough with a barking or honking character should not be used to diagnose or exclude psychogenic or habit cough (Grade 2C).
2. In adults with a persistently troublesome chronic cough, the Expert Panel suggests that the presence of depression and/or anxiety not be used as diagnostic criteria for psychogenic cough because patients with a persistently troublesome chronic cough can develop these psychologic symptoms when their coughs remain untreatable (Grade 2C).
3. In adults and children with chronic cough that has remained medically unexplained after a comprehensive evaluation based upon the most current evidence-based management guideline, the Expert Panel recommends that the diagnosis of tic cough be made when the patient manifests the core clinical features of tics that include suppressibility, distractibility, suggestibility, variability, and the presence of a premonitory sensation whether the cough is single or one of many tics (Grade 1C).
4. In adults and children with chronic cough, the Expert Panel suggests against using the diagnostic terms habit cough and psychogenic cough

(CB).

5. In adults and children with chronic cough, the Expert Panel suggests substituting the diagnostic term tic cough for habit cough to be consistent with the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5) classification of diseases and because the definition and features of a tic capture the habitual nature of cough (CB).

*Remarks:* A simple cough tic in children may respond to suggestion therapy alone, as if it were just a "habit." A cough tic in isolation that persists for more than one year would be referred to by DSM-5 criteria as a chronic vocal tic disorder. This is distinct from Tourette syndrome that involves both motor and vocal tics.

6. When disseminating research findings on tic cough, the Expert Panel suggests adding the parenthetical term (*habit*) (e.g., tic cough [*habit*]) for three years, to help smooth the adoption of the new name, avoid confusion in the medical literature, and facilitate bibliographic database searches (CB).

7. In adults and children, the Expert Panel suggests substituting the diagnostic term somatic cough disorder for psychogenic cough to be consistent with the DSM-5 classification of diseases (CB).

*Remarks:* The term "psychogenic" has disappeared from the DSM classification of diseases because functional imaging studies have started showing cerebral correlates for disorders previously thought to be of a pure psychogenic nature.

8. When disseminating research findings on somatic cough disorder, the Expert Panel suggests adding the parenthetical term (*psychogenic*) (e.g., somatic cough disorder [*psychogenic*]) for three years, to help smooth the adoption of the new name, avoid confusion in the medical literature, and facilitate bibliographic database searches (CB).

9. In adults and children, the Expert Panel suggests that the diagnosis of somatic cough disorder can only be made after an extensive evaluation has been performed that includes ruling out tic disorders and uncommon causes and the patient meets the DSM-5 criteria (see Table 1 in the original guideline document) for a somatic symptom disorder (Grade 2C).

10. In children with chronic cough diagnosed with somatic cough disorder (previously referred to as psychogenic cough), the Expert Panel suggests non-pharmacological trials of hypnosis or suggestion therapy or combinations of reassurance, counseling, or referral to a psychologist and/or psychiatrist (Grade 2C).

## Definitions

### American College of Chest Physicians (CHEST) Grading System

Grade of Recommendation	Balance of Benefit vs. Risk and Burdens (Strength of the Recommendation: Level 1 or 2)	Methodologic Strength of Supporting Evidence (Quality of Body of Evidence: A, B, C, or CB)	Implications
Graded evidence-based guideline recommendations			
Strong recommendation, high-quality evidence (1A)	Benefits clearly outweigh risk and burdens or vice versa	Consistent evidence from randomized controlled trials (RCTs) without important limitations or exceptionally strong evidence from observational studies	Recommendation can apply to most patients in most circumstances. Further research is very unlikely to change confidence in the estimate of effect.
Strong recommendation, moderate-quality evidence (1B)	Benefits clearly outweigh risk and burdens or vice versa	Evidence from RCTs with important limitations (inconsistent results, methodologic flaws, indirect or imprecise), or very strong evidence from observational studies	Recommendation can apply to most patients in most circumstances. Higher-quality research may well have an important impact on confidence in the estimate of effect and may change the estimate.
Strong recommendation, low- or very-low-quality evidence (1C)	Benefits clearly outweigh risk and burdens or vice versa	Evidence for at least one critical outcome from observational studies, case series, or from RCTs with serious flaws or indirect evidence	Recommendation can apply to most patients in many circumstances. Higher-quality research is likely to have an important impact on confidence in the estimate of effect and may well change the estimate.
Weak recommendation,	Benefits closely balanced with risks and burden	Consistent evidence from RCTs without important limitations or	The best action may differ depending on circumstances or patient's or societal values.

Grade of Recommendation	Balance of Benefit vs. Risk and Burdens	Methodologic Strength of Supporting Evidence (Quality of Body of Evidence)	Implications
High-quality evidence (2A)	Benefits clearly outweigh risks and burdens	Exceptionally strong evidence from observational studies	Further research is very unlikely to change confidence in the estimate of effect.
Weak recommendation, moderate-quality evidence (2B)	Benefits closely balanced with risks and burdens (level 1 or 2)	Evidence for at least one important limitation (inconsistent results, methodologic flaws, indirect or imprecise) or very strong evidence from observational studies	Best action may differ depending on circumstances or patient's or societal values. Higher-quality research may well have an important impact on confidence in the estimate of effect and may change the estimate.
Weak recommendation, low- or very-low-quality evidence (2C)	Uncertainty in the estimates of benefits, risks, and burden; benefits, risk, and burden may be closely balanced	Evidence for at least one critical outcome from observational studies, case series, or RCTs, with serious flaws or indirect evidence	Other alternatives may be equally reasonable. Higher-quality research is likely to have an important impact on confidence in the estimate of effect and may well change the estimate.
Nongraded consensus-based suggestions			
Consensus-based (CB)	Uncertainty due to lack of evidence but expert opinion that benefits outweigh risk and burdens or vice versa	Insufficient evidence for a graded recommendation	Future research may well have an important impact on confidence in the estimate of effect and may change the estimate.

## Clinical Algorithm(s)

None provided

## Scope

## Disease/Condition(s)

- Somatic cough syndrome (previously referred to as psychogenic cough)
- Tic cough (previously referred to as habit cough)

## Guideline Category

Diagnosis

Evaluation

Management

Treatment

## Clinical Specialty

Family Practice

Internal Medicine

Pediatrics

Psychiatry

Psychology

Pulmonary Medicine

## Intended Users

Advanced Practice Nurses

Nurses

Physician Assistants

Physicians

Psychologists/Non-physician Behavioral Health Clinicians

## Guideline Objective(s)

- To assist the clinician when managing a patient with suspected psychogenic, habit, or tic cough
- To determine how psychogenic, habit, and tic cough should be defined and diagnosed
- To determine the differences between children and adults in terms of associated factors, cough characteristics, etiologies, and prognosis
- To make recommendations and/or suggestions regarding behavioral and/or pharmacologic treatments

## Target Population

Adult and pediatric patients with presumed somatic cough syndrome or tic cough

## Interventions and Practices Considered

1. Assessment of clinical features of chronic cough
2. Ruling out tic disorders and uncommon causes of chronic cough
3. Consideration of diagnostic terms and the *Diagnostic and Statistical Manual of Mental Disorders*, 5th edition (DSM-5) criteria in classification and diagnosis of somatic cough syndrome and tic cough
4. Non-pharmacological trials of hypnosis or suggestion therapy or combinations of reassurance, counseling, or referral to a psychologist and/or psychiatrist

## Major Outcomes Considered

- Cough characteristics (duration, frequency, severity, triggers, cough during sleep, and associated symptoms)
- Effectiveness of therapies in resolving or improving cough in patients with somatic cough syndrome or tic cough

## Methodology

### Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

### Description of Methods Used to Collect/Select the Evidence

Consistent with recommendations from the Institute of Medicine, the Panel conducted a comprehensive, systematic review of the literature to provide the evidence base for this guideline (see the "Availability of Companion Documents" field). This systematic review followed an a priori

established protocol and summarized the evidence supporting different cough management options in adults and children with psychogenic, tic, and habit cough.

### Eligibility Criteria

The reviewers searched for studies of any study design that enrolled children or adults with psychogenic cough, habit cough, and tic cough. They included studies regardless of their language or publication status. Case series with two or more patients were included. Single-case reports were excluded.

### Study Identification

The reviewers conducted a comprehensive search of several databases from each database's earliest inception to September 2013. The databases included Ovid Medline In-Process & Other Non-Indexed Citations, Ovid MEDLINE, Ovid EMBASE, Ovid PsycINFO, Ovid Cochrane Central Register of Controlled Trials, Ovid Cochrane Database of Systematic Reviews, and Scopus. The search strategy was designed and conducted by an experienced librarian with input from the guideline methodologist and selected members of the American College of Chest Physicians (CHEST) Expert Panel. The search used both controlled vocabulary and keywords. The strategy used is described in the online supplement of the systematic review (see the "Availability of Companion Documents" field). The reference lists from the narrative reviews and existing guidelines were searched, and consultation with experts in the field was performed to obtain any additional references that might have been missed by the electronic search strategy.

Reviewers working independently and in duplicate reviewed all abstracts. Upon retrieval of potentially eligible studies, the full-text publications were evaluated for eligibility. The chance-adjusted inter-reviewer agreement was calculated using the  $\kappa$  statistic for full text screening ( $\kappa=0.80$ ). Disagreements were resolved by a third reviewer.

### Search Update

Since the publication of this review, the databases have been periodically searched to look for additional substantive articles. From September 2013 to January 9, 2015, an additional 135 citations were discovered by the search string of the systematic review that formed the basis for this guideline; none revealed any new or relevant information that affected the results or conclusions.

## Number of Source Documents

The review identified a total of 18 uncontrolled studies that had enrolled 223 patients, 96% consisting of children or adolescents, 54% of whom were female. The study selection process is depicted in Figure 1 in the systematic review (see the "Availability of Companion Documents" field).

## Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

### Rating Scheme for the Strength of the Evidence

The American College of Chest Physicians (CHEST) has adopted the GRADE framework (The Grading of Recommendations Assessment, Development and Evaluation). This framework separates the process of rating the quality of evidence from that of determining the strength of recommendation. The quality of evidence is based on the five domains of risk of bias, inconsistency, indirectness, reporting bias, and imprecision.

The quality of evidence (i.e., the confidence in estimates) is rated as high (A), moderate (B), or low or very low (C) (see the "Rating Scheme for the Strength of the Recommendations" field).

## Methods Used to Analyze the Evidence

Systematic Review with Evidence Tables

## Description of the Methods Used to Analyze the Evidence

## Quality Assessment

Reviewers working independently and in duplicate analyzed the full text of eligible articles to assess the reported quality of the methods. Since all the included studies were case series, a modified Newcastle-Ottawa scale was used. They assessed the following four elements: selection of patient, percent lost to follow-up, ascertainment of outcome, and length of follow-up.

## Data Extraction

Reviewers working independently and in duplicate used a standardized Internet-based form to extract for each eligible study the following data items: study design, study population, study main objective, number of patients, age, sex, number of children, description of cough (duration, frequency, severity, triggers, cough during sleep, and associated symptoms), validated cough assessment tools, impact on school or job, failure of conventional treatments, length of follow-up, and number of patients who improved with or failed the treatment.

# Methods Used to Formulate the Recommendations

Expert Consensus (Delphi)

## Description of Methods Used to Formulate the Recommendations

The methodology used by the American College of Chest Physicians (CHEST) Guideline Oversight Committee to select the Expert Cough Panel Chair and the international panel of experts, perform the synthesis of the evidence, and develop the recommendations and suggestions has been published in the methodology and CHEST guideline development documents (see the "Availability of Companion Documents" field). Key questions and parameters of eligibility were developed for this topic. Existing guidelines, systematic reviews, and primary studies were assessed for relevance and quality and were used to support the evidence-based graded recommendations or suggestions. A highly structured consensus-based Delphi approach was used to provide expert advice on all guidance statements. The total number of eligible voters for each guidance statement varied based on the number of managed individuals recused from voting on any particular statements because of their potential conflicts of interest. Transparency of process was documented. Further details of the methods have been published in the methodology and CHEST guideline development documents.

## Guideline Framework

CHEST has adopted the GRADE framework (The Grading of Recommendations Assessment, Development and Evaluation). This framework separates the process of rating the quality of evidence from that of determining the strength of recommendation. The quality of evidence is based on the five domains of risk of bias, inconsistency, indirectness, reporting bias, and imprecision. The quality of evidence (i.e., the confidence in estimates) is rated as high (A), moderate (B), or low or very low (C). The strength of recommendation is determined based on the quality of evidence, balance of benefits and harms, patients' values and preferences, and availability of resources. Recommendations can be strong or weak (see the "Rating Scheme for the Strength of the Recommendations" field).

## State of the Available Evidence

The systematic review only identified low-quality evidence to support a particular strategy to define and treat psychogenic, habit, and tic cough. Therefore, for diagnosis and management recommendations, the Panel heavily depended on patient values, preferences, and availability of potential therapies. The Panel considered available diagnostic criteria and reviewed the contemporary psychiatric and neurology literature and how it dealt with various terms. The Panel also made several suggestions for future research and terminology.

# Rating Scheme for the Strength of the Recommendations

## American College of Chest Physicians (CHEST) Grading System

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Strong recommendation, high-quality evidence (1A)	Benefits clearly outweigh risk and burdens or vice versa Recommendation: Level 1 or 2)	Consistent evidence from randomized controlled trials (RCTs) without important limitations or exceptionally strong evidence from observational studies	Recommendation can apply to most patients in most circumstances. Further research is very unlikely to change confidence in the estimate of effect.
Strong recommendation, moderate-quality evidence (1B)	Benefits clearly outweigh risk and burdens or vice versa	Evidence from RCTs with important limitations (inconsistent results, methodologic flaws, indirect or imprecise), or very strong evidence from observational studies	Recommendation can apply to most patients in most circumstances. Higher-quality research may well have an important impact on confidence in the estimate of effect and may change the estimate.
Strong recommendation, low- or very-low-quality evidence (1C)	Benefits clearly outweigh risk and burdens or vice versa	Evidence for at least one critical outcome from observational studies, case series, or from RCTs with serious flaws or indirect evidence	Recommendation can apply to most patients in many circumstances. Higher-quality research is likely to have an important impact on confidence in the estimate of effect and may well change the estimate.
Weak recommendation, high-quality evidence (2A)	Benefits closely balanced with risks and burden	Consistent evidence from RCTs without important limitations or exceptionally strong evidence from observational studies	The best action may differ depending on circumstances or patient's or societal values. Further research is very unlikely to change confidence in the estimate of effect.
Weak recommendation, moderate-quality evidence (2B)	Benefits closely balanced with risks and burden	Evidence from RCTs with important limitations (inconsistent results, methodologic flaws, indirect or imprecise) or very strong evidence from observational studies	Best action may differ depending on circumstances or patient's or societal values. Higher-quality research may well have an important impact on confidence in the estimate of effect and may change the estimate.
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Consensus-based (CB)	Uncertainty due to lack of evidence but expert opinion that benefits outweigh risk and burdens or vice versa	Insufficient evidence for a graded recommendation	Future research may well have an important impact on confidence in the estimate of effect and may change the estimate.

## Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

## Method of Guideline Validation

External Peer Review

Internal Peer Review



## Description of Method of Guideline Validation

### Review Process

After the Cough Executive Committee provided final approval, the NetWorks, Guidelines Oversight Committee (GOC), and Board of Regents disseminated manuscripts and supporting documentation for review. The American College of Chest Physicians (CHEST) NetWorks of interested members, in the areas of Airways Disorders, Allied Health, Clinical Pulmonary Medicine, Pediatric Chest Medicine, Pulmonary Physiology Function and Rehabilitation, and Respiratory Care, reviewed the content of the manuscripts. Members from the CHEST Board of Regents and GOC reviewed both content and methods, including consistency, accuracy, and completeness.

The *CHEST* journal peer review process overlapped with the later rounds of these reviews. All ideas for modification were marked as mandatory or suggested, responded to or justified, and tracked through the multiple rounds of review. The CHEST Presidential line of succession provided the final approval allowing submission to the journal.

## Evidence Supporting the Recommendations

### Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

## Benefits/Harms of Implementing the Guideline Recommendations

### Potential Benefits

Appropriate diagnosis and effective management of somatic cough syndrome and tic cough

### Potential Harms

Not stated

## Qualifying Statements

### Qualifying Statements

American College of Chest Physicians (CHEST) guidelines are intended for general information only, are not medical advice, and do not replace professional medical care and physician advice, which always should be sought for any medical condition. The complete disclaimer for this guideline can be accessed at <http://www.chestnet.org/Guidelines-and-Resources/Guidelines-and-Consensus-Statements/CHEST-Guidelines>

## Implementation of the Guideline

### Description of Implementation Strategy

#### Dissemination

After publication, the guidelines were promoted to a wide audience of physicians, other health-care providers, and the public through multiple avenues. Press releases were prepared for both the lay and medical media, with major outreach efforts to all relevant print, broadcast, and Internet media. Panelists located in various large media markets were identified as potential spokespersons for interviews. Social media promotion was



facilitated over Twitter, Facebook, American College of Chest Physicians (CHEST) e-Communities, internal and external blogs, and other communication routes. Blast communications were sent to CHEST members with links to the publication and postings on CHEST's Web site.

In addition to publication in *CHEST*, other derivative products were prepared to help with implementation, including slide sets, algorithms, and other clinical tools. These derivative products are posted on the CHEST Web site and will be made available in CHEST Guidelines. CHEST Guidelines will be the repository for the most current recommendations and suggestions from all CHEST guidelines, consensus statements, and hybrid documents. This online repository will also house a collection of related resources.

Associations that appointed representatives earlier in the process were asked to consider endorsing the approved guidelines for listing in the final publication. These organizations were requested to help promote the publication to their memberships through newsletters, Web sites, and other means.

## Implementation Tools

Mobile Device Resources

Resources

For information about availability, see the *Availability of Companion Documents* and *Patient Resources* fields below.

## Institute of Medicine (IOM) National Healthcare Quality Report Categories

### IOM Care Need

Getting Better

Living with Illness

### IOM Domain

Effectiveness

Patient-centeredness

## Identifying Information and Availability

### Bibliographic Source(s)

Vertigan AE, Murad MH, Pringsheim T, Feinstein A, Chang AB, Newcombe PA, Rubin BK, McGarvey LP, Weir K, Altman KW, Weinberger M, Irwin RS, CHEST Expert Cough Panel. Somatic cough syndrome (previously referred to as psychogenic cough) and tic cough (previously referred to as habit cough) in adults and children: CHEST guideline and Expert Panel report. *Chest*. 2015 Jul;148(1):24-31. [28 references] [PubMed](#)

### Adaptation

Not applicable: The guideline was not adapted from another source.

## Date Released

2006 Jan (revised 2015 Jul)

## Guideline Developer(s)

American College of Chest Physicians - Medical Specialty Society

## Source(s) of Funding

### Funding/Support

The American College of Chest Physicians (CHEST) was the sole supporter of these guidelines, this article, and the innovations addressed within.

## Guideline Committee

Expert Cough Panel

## Composition of Group That Authored the Guideline

*Expert Panel Members:* Anne E. Vertigan, PhD, MBA, BAppSc(SpPath); Mohammad H. Murad, MD, MPH; Tamara Pringsheim, MD; Anthony Feinstein, PhD, MD; Anne B. Chang, MBBS, PhD, MPH; Peter A. Newcombe, PhD; Bruce K. Rubin, MD, MEng, MBA; Lorcan P. McGarvey, MD; Kelly Weir, MSpPath; Kenneth W. Altman, MD, PhD; Miles Weinberger, MD; Richard S. Irwin, MD, Master FCCP

## Financial Disclosures/Conflicts of Interest

### Financial/Nonfinancial Disclosures

The authors have reported to *CHEST* the following conflicts of interest: Dr Pringsheim has received grants from the SickKids Foundation, Alberta Mental Health Strategic Clinical Network, Hotchkiss Brain Institute, Shire Pharma Canada ULC, Canadian Institute of Health Research, Public Health Agency of Canada, and the Tourette Syndrome Foundation of Canada. She has also participated on advisory boards for Shire Pharma Canada ULC and Teva Neuroscience. Drs. Vertigan, Murad, Feinstein, Chang, Newcombe, Rubin, McGarvey, Altman, Weinberger, Irwin, and Ms. Weir have reported that no potential conflicts of interest exist with any companies/organizations whose products or services may be discussed in this article. A complete list of disclosures is available in the online supplement (see the "Availability of Companion Documents" field).

Also see the methodology document (see the "Availability of Companion Documents" field) for a discussion of the American College of Chest Physicians' disclosure policies.

## Guideline Endorser(s)

American Association for Respiratory Care - Professional Association

Canadian Thoracic Society - Medical Specialty Society

Irish Thoracic Society - Medical Specialty Society

## Guideline Status

This is the current release of the guideline.

This guideline updates a previous version: Irwin RS, Glomb WB, Chang AB. Habit cough, tic cough, and psychogenic cough in adult and pediatric populations: ACCP evidence-based clinical practice guidelines. *Chest*. 2006 Jan;129(1 Suppl):174S-9S. [32 references]

This guideline meets NGC's 2013 (revised) inclusion criteria.

## Guideline Availability

Available from the [CHEST Journal Web site](#) . Also available to CHEST Journal subscribers through the [CHEST app](#)  for iPhone and iPad.

## Availability of Companion Documents

The following are available:

### Methodology Documents

- Lewis SZ, Diekemper RL, French CT, Gold PM, Irwin RS. Methodologies for the development of the management of cough: CHEST guideline and Expert Panel report. Chest. 2014 Nov;146(5):1395-402. Available from the [CHEST Journal Web site](#) .
- Haydour Q, Alahdab F, Farah M, Barrionuevo P, Vertigan AE, Newcombe PA, Pringsheim T, Chang AB, Rubin BK, McGarvey L, Weir KA, Altman KW, Feinstein A, Murad MH, Irwin RS. Management and diagnosis of psychogenic cough, habit cough, and tic cough: a systematic review. Chest. 2014 Aug;146(2):355-372. Available from the [CHEST Journal Web site](#) .
- Haydour Q, Alahdab F, Farah M, Barrionuevo P, Vertigan AE, Newcombe PA, Pringsheim T, Chang AB, Rubin BK, McGarvey L, Weir KA, Altman KW, Feinstein A, Murad MH, Irwin RS. Management and diagnosis of psychogenic cough, habit cough, and tic cough: a systematic review. Online supplement. Chest. 2014 Aug. 5 p. Available from the [CHEST Journal Web site](#) .
- Lewis SZ, Diekemper RL, Omelas J, Casey KR. Methodologies for the development of CHEST guidelines and Expert Panel reports. Chest. 2014 Jul;146(1):182-192. Available from the [CHEST Journal Web site](#) .

### Other Companion Documents

- Vertigan AE, Murad MH, Pringsheim T, Feinstein A, Chang AB, Newcombe PA, Rubin BK, McGarvey LP, Weir K, Altman KW, Weinberger M, Irwin RS, CHEST Expert Cough Panel. Somatic cough syndrome (previously referred to as psychogenic cough) and tic cough (previously referred to as habit cough) in adults and children: CHEST guideline and Expert Panel report. Online supplement. Chest. 2015 Jul. 5. p. Available from the [CHEST Journal Web site](#) .
- Irwin RS, French CT, Lewis SZ, Diekemper RL, Gold PM. Overview of the management of cough: CHEST guideline and Expert Panel report. Chest. 2014 Oct;146(4):885-89. Available from the [CHEST Journal Web site](#) .
- Canning BJ, Chang AB, Bolser DC, Smith JA, Mazzone SB, McGarvey L. Anatomy and neurophysiology of cough: CHEST guideline and Expert Panel report. Chest. 2014 Dec;146(6):1633-48. Available from the [CHEST Journal Web site](#) .
- French CT, Diekemper RL, Irwin RS. Assessment of intervention fidelity and recommendations for researchers conducting studies on the diagnosis and treatment of chronic cough in the adult: CHEST guideline and Expert Panel report. Chest. 2015 Jul;148(1):32-54. Available from the [CHEST Journal Web site](#) .
- Management of cough: overview of CHEST guideline and Expert Panel report. Podcast. 2014 Oct. Available from the [CHEST Journal Web site](#) .

## Patient Resources

None available

## NGC Status

This NGC summary was completed by ECRI on May 4, 2006. The information was verified by the guideline developer on June 5, 2006. This summary was updated by ECRI Institute on September 22, 2015.

## Copyright Statement

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